

DECLARATION FOR "371" APPLICATION

Page 1 of 4

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU4962USwFirst Names Inventor:
KazmierskiComplete if known:
App No.:

Filing Date

Group Art Unit:

() Declaration submitted with initial filing or

() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CCR5 ANTAGONISTS AS THERAPEUTIC AGENTS

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/US03/39644 filed Dec. 12, 2003 and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/433,634	12/13/2002
2.	
3.	

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DECLARATION FOR "371" APPLICATION

Page 2 of 4

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PU4962USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

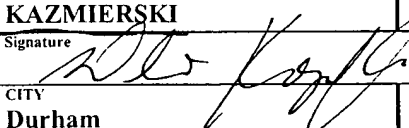
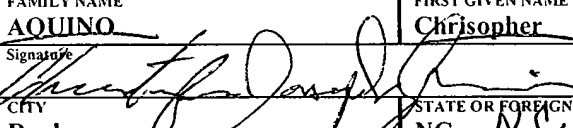

Address all correspondence and telephone calls to Customer Number 23347

David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

Bonnie L. Deppenbrock
919-483-1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2001	FULL NAME OF INVENTOR	FAMILY NAME KAZMIERSKI	FIRST GIVEN NAME Wieslaw	SECOND GIVEN NAME/INITIAL Mieczyslaw
	INVENTOR'S SIGNATURE	Signature 	Date: Feb 16, 2004	
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2002	FULL NAME OF INVENTOR	FAMILY NAME AQUINO	FIRST GIVEN NAME Christopher	SECOND GIVEN NAME/INITIAL Joseph
	INVENTOR'S SIGNATURE	Signature 	Date: 2-16-2004	
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
3003	FULL NAME OF INVENTOR	FAMILY NAME BIEULCO	FIRST GIVEN NAME Neil	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 	Date: 2/16/04	
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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4-00	2	FULL NAME OF INVENTOR	FAMILY NAME <u>BOROS</u>	FIRST GIVEN NAME <u>Eric</u>	SECOND GIVEN NAME/INITIAL <u>Eugene</u>
		INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP US
	4	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>
5-00		FULL NAME OF INVENTOR	FAMILY NAME <u>CHAUDER</u>	FIRST GIVEN NAME <u>Brian</u>	SECOND GIVEN NAME/INITIAL <u>Andrew</u>
		INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP CA
	5	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>
6-00		FULL NAME OF INVENTOR	FAMILY NAME <u>CHONG</u>	FIRST GIVEN NAME <u>Pek</u>	SECOND GIVEN NAME/INITIAL <u>Yoke</u>
		INVENTOR'S SIGNATURE	Signature <u>Chong Pek</u>		Date: <u>2/16/04</u>
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP MY
	6	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>
7-00		FULL NAME OF INVENTOR	FAMILY NAME <u>DUAN</u>	FIRST GIVEN NAME <u>Maosheng</u>	SECOND GIVEN NAME/INITIAL
		INVENTOR'S SIGNATURE	Signature <u>Maosheng Duan</u>		Date: <u>2/16/2004</u>
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP CN
	7	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>
8-00		FULL NAME OF INVENTOR	FAMILY NAME <u>DEANDA, Jr.</u>	FIRST GIVEN NAME <u>Felix</u>	SECOND GIVEN NAME/INITIAL
		INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP US
	8	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>
9-00		FULL NAME OF INVENTOR	FAMILY NAME <u>KOBLE</u>	FIRST GIVEN NAME <u>Cecilia</u>	SECOND GIVEN NAME/INITIAL <u>Suarez</u>
		INVENTOR'S SIGNATURE	Signature		Date:
	0	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP VE
	9	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>
10-00		FULL NAME OF INVENTOR	FAMILY NAME <u>MCLEAN</u>	FIRST GIVEN NAME <u>Ed</u>	SECOND GIVEN NAME/INITIAL <u>Williams</u>
		INVENTOR'S SIGNATURE	Signature <u>Ed McLean</u>		Date: <u>2/16/2004</u>
	1	RESIDENCE & CITIZENSHIP	CITY <u>Durham</u>	STATE OR FOREIGN COUNTRY NC <u>NC</u>	COUNTRY OF CITIZENSHIP US
	0	POST OFFICE ADDRESS	POST OFFICE ADDRESS <u>GlaxoSmithKline</u> <u>Five Moore Drive, PO Box 13398</u>	CITY <u>Research Triangle Park</u>	STATE & ZIP CODE/COUNTRY <u>North Carolina 27709, US</u>

DECLARATION FOR "371" APPLICATION

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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
11-00		PECKHAM	Jennifer	Pool
	INVENTOR'S SIGNATURE	Signature <i>Jennifer P Peckham</i>		Date: <i>2/16/04</i>
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC NC	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
12-00		PERKINS	Angilique	C
	INVENTOR'S SIGNATURE	Signature <i>Angilique C. Perkins</i>		Date: <i>2/16/04</i>
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC NC	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
13-00		THOMPSON	James	Benjamin
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC NC	COUNTRY OF CITIZENSHIP US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
14-00		VANDERWALL	Dana	
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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KazmierskiComplete if known:
App No.:☐ Declaration submitted with initial filing or☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

Filing Date

Group Art Unit:

As below named inventor. I hereby declare that:

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CCR5 ANTAGONISTS AS THERAPEUTIC AGENTS

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on _____ as United States application Serial No. _____ or PCT InternationalApplication Number **PCT/US03/39644** filed **Dec. 12, 2003** and was amended on (MM/DD/YYYY)
_____ (if applicable)

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PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

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1. 60/433,634	12/13/2002
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DECLARATION FOR "371" APPLICATION
Page 2 of 4

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** Continued

ATTORNEY'S DOCKET NUMBER
PU4962USw

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to **Customer Number 23347**

David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

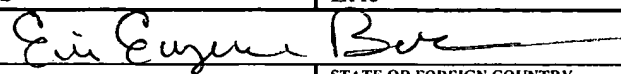
Bonnie L. Deppenbrock
919-483-1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME KAZMIERSKI	FIRST GIVEN NAME Wieslaw	SECOND GIVEN NAME/INITIAL Mieczyslaw
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME AQUINO	FIRST GIVEN NAME Chrisopher	SECOND GIVEN NAME/INITIAL Joseph
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME BIFULCO	FIRST GIVEN NAME Neil	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

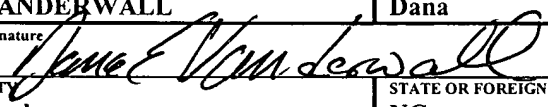
DECLARATION FOR "371" APPLICATION

Page 3 of 4

2	FULL NAME OF INVENTOR	FAMILY NAME BOROS	FIRST GIVEN NAME Eric	SECOND GIVEN NAME/INITIAL Eugene
0	INVENTOR'S SIGNATURE	Signature 		Date: 2/16/09
4	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME CHAUDER	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL Andrew
0	INVENTOR'S SIGNATURE	Signature		Date:
5	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CA
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME CHONG	FIRST GIVEN NAME Pek	SECOND GIVEN NAME/INITIAL Yoke
0	INVENTOR'S SIGNATURE	Signature		Date:
6	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP MY
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME DUAN	FIRST GIVEN NAME Maosheng	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		Date:
7	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME DEANDA, Jr.	FIRST GIVEN NAME Felix	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		Date:
8	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME KOBLE	FIRST GIVEN NAME Cecilia	SECOND GIVEN NAME/INITIAL Suarez
0	INVENTOR'S SIGNATURE	Signature		Date:
9	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP VE
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME MCLEAN	FIRST GIVEN NAME Ed	SECOND GIVEN NAME/INITIAL Williams
1	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

Page 4 of 4

2	FULL NAME OF INVENTOR	FAMILY NAME PECKHAM	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Poole
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME PERKINS	FIRST GIVEN NAME Angilique	SECOND GIVEN NAME/INITIAL C
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME THOMPSON	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Benjamin
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VANDERWALL	FIRST GIVEN NAME Dana	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature 		Date: 5/31/05
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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Kazmierski**Complete if known:**
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☐ Declaration submitted with initial filing or☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

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PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

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Page 2 of 4

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4962USw	
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
U.S. Parent Application or PCT Parent Number			Parent Filing Date (MM/DD/YYYY)		STATUS (Check one)
PATENTED			PENDING		ABANDONED
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>					
<p>Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398</p>				<p>Direct Telephone Calls to: Bonnie L. Deppenbrock 919-483-1577</p>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME KAZMIERSKI	FIRST GIVEN NAME Wieslaw	SECOND GIVEN NAME/INITIAL Mieczyslaw	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC		COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME AQUINO	FIRST GIVEN NAME Chrisopher	SECOND GIVEN NAME/INITIAL Joseph	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC		COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME BIFULCO	FIRST GIVEN NAME Neil	SECOND GIVEN NAME/INITIAL	
	INVENTOR'S SIGNATURE	Signature			Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC		COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park		STATE & ZIP CODE/COUNTRY North Carolina 27709, US

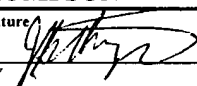
DECLARATION FOR "371" APPLICATION

Page 3 of 4

2	FULL NAME OF INVENTOR	FAMILY NAME BOROS	FIRST GIVEN NAME Eric	SECOND GIVEN NAME/INITIAL Eugene
0	INVENTOR'S SIGNATURE	Signature		Date:
4	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME CHAUDER	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL Andrew
0	INVENTOR'S SIGNATURE	Signature <i>Brian A Chauder</i>		Date: <i>2-16-04</i>
5	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CA
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME CHONG	FIRST GIVEN NAME Pek	SECOND GIVEN NAME/INITIAL Yoke
0	INVENTOR'S SIGNATURE	Signature		Date:
6	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP MY
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME DUAN	FIRST GIVEN NAME Maosheng	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		Date:
7	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME DEANDA, Jr.	FIRST GIVEN NAME Felix	SECOND GIVEN NAME/INITIAL
0	INVENTOR'S SIGNATURE	Signature		Date:
8	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME KOBLE	FIRST GIVEN NAME Cecilia	SECOND GIVEN NAME/INITIAL Suarez
0	INVENTOR'S SIGNATURE	Signature		Date:
9	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP VE
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME MCLEAN	FIRST GIVEN NAME Ed	SECOND GIVEN NAME/INITIAL Williams
1	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
0	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

Page 4 of 4

2	FULL NAME OF INVENTOR	FAMILY NAME PECKHAM	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Poole
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME PERKINS	FIRST GIVEN NAME Angilique	SECOND GIVEN NAME/INITIAL C
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME THOMPSON	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Benjamin
	INVENTOR'S SIGNATURE	Signature 		Date: <i>16 February 2004</i>
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VANDERWALL	FIRST GIVEN NAME Dana	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

Page 1 of 4

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEYATTORNEY'S DOCKET
PU4962USwFirst Names Inventor:
Kazmierski**Complete if known:**
App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CCR5 ANTAGONISTS AS THERAPEUTIC AGENTS

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on _____ as United States application Serial No. _____ or PCT InternationalApplication Number **PCT/US03/39644** filed **Dec. 12, 2003** and was amended on (MM/DD/YYYY)
_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/433,634	12/13/2002	
2.		
3.		

DECLARATION FOR "371" APPLICATION

Page 2 of 4

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PU4962USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number 23347 and Customer Number 20462

Address all correspondence and telephone calls to **Customer Number 23347**

David J. Levy
Corporate Intellectual Property
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709-3398

Direct Telephone Calls to:

Bonnie L. Deppenbrock
919-483-1577

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		KAZMIERSKI	Wieslaw	Mieczyslaw
0	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		AQUINO	Christopher	Joseph
0	INVENTOR'S SIGNATURE	Signature		Date:
2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		BIFULCO	Neil	
0	INVENTOR'S SIGNATURE	Signature		Date:
3	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

Page 3 of 4

2	FULL NAME OF INVENTOR	FAMILY NAME BOROS	FIRST GIVEN NAME Eric	SECOND GIVEN NAME/INITIAL Eugene
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME CHAUDER	FIRST GIVEN NAME Brian	SECOND GIVEN NAME/INITIAL Andrew
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CA
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME CHONG	FIRST GIVEN NAME Pek	SECOND GIVEN NAME/INITIAL Yoke
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP MY
6	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME DUAN	FIRST GIVEN NAME Maosheng	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP CN
7	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME DEANDA, Jr.	FIRST GIVEN NAME Felix	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
8	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME KOBLE	FIRST GIVEN NAME Cecilia	SECOND GIVEN NAME/INITIAL Suarez
	INVENTOR'S SIGNATURE	Signature <i>Cecilia Koble</i>		Date: <i>Feb 16, 2004</i>
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP VE
9	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME MCLEAN	FIRST GIVEN NAME Ed	SECOND GIVEN NAME/INITIAL Williams
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
0	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

Page 4 of 4

2	FULL NAME OF INVENTOR	FAMILY NAME PECKHAM	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Poole
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME PERKINS	FIRST GIVEN NAME Angilique	SECOND GIVEN NAME/INITIAL C
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME THOMPSON	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Benjamin
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VANDERWALL	FIRST GIVEN NAME Dana	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

Page 1 of 4

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**

ATTORNEY'S DOCKET

PU4962USw

First Names Inventor:

Kazmierski

Complete if known:

App No.:

Filing Date

Group Art Unit:

☐ Declaration submitted with initial filing or☐ Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CCR5 ANTAGONISTS AS THERAPEUTIC AGENTS

the specification of which (check only one item below):

☐ is attached hereto.

OR

☒ was filed on _____ as United States application Serial No. _____ or PCT International

Application Number PCT/US03/39644 filed Dec. 12, 2003 and was amended on (MM/DD/YYYY)
_____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/433,634	12/13/2002	
2.		
3.		

DECLARATION FOR "371" APPLICATION

Page 2 of 4

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PU4962USw

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PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

		STATUS (Check one)		
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith
Customer Number **23347** and Customer Number **20462**

Address all correspondence and telephone calls to Customer Number <u>23347</u> David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398	Direct Telephone Calls to: Bonnie L. Deppenbrock 919-483-1577
--	---

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2	FULL NAME OF INVENTOR	FAMILY NAME KAZMIERSKI	FIRST GIVEN NAME Wieslaw	SECOND GIVEN NAME/INITIAL Mieczyslaw
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME AQUINO	FIRST GIVEN NAME Christopher	SECOND GIVEN NAME/INITIAL Joseph
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME BIFULCO	FIRST GIVEN NAME Neil	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

Page 3 of 4

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
4		Durham	NC	US
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
5		Durham	NC	CA
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
6		Durham	NC	MY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
7		Durham	NC	CN
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
8		Durham	NC	US
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
9		Durham	NC	VE
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
1		Durham	NC	US
0		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		

DECLARATION FOR "371" APPLICATION

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2	FULL NAME OF INVENTOR	FAMILY NAME PECKHAM	FIRST GIVEN NAME Jennifer	SECOND GIVEN NAME/INITIAL Poole
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME PERKINS	FIRST GIVEN NAME Angilique	SECOND GIVEN NAME/INITIAL C
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME THOMPSON	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL Benjamin
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME VANDERWALL	FIRST GIVEN NAME Dana	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

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